

Each student is responsible for ensuring that all pre-requisite courses are completed prior to the start of classes. This form must be submitted prior to the deadline for adding courses in the term or session. Submission of this form does not guarantee a waiver of any course pre-requisite. If your request is approved, you will be automatically registered for the course(s) listed.

Once this form is completed, or if you have any questions or concerns regarding this form, please email: [eco@mi.mun.ca](mailto:eco@mi.mun.ca)

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Program: \_\_\_\_\_

Course Selection Requested		Associated Pre-Requisite Course		For Internal Use	
COURSE ID	CRN	COURSE ID	CRN	Approved	Denied
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**\*Please make sure to include both lab and lecture CRN when completing this form\***

Rationale for the Pre-Requisite Waiver:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Authorization:

Program Chair: \_\_\_\_\_ Date: \_\_\_\_\_

School Head: \_\_\_\_\_ Date: \_\_\_\_\_

Access to Information and Protection of Privacy – The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information please contact the Registrar at [miregistrar@mi.mun.ca](mailto:miregistrar@mi.mun.ca).